꿍AO 440 (Rev. 8/01) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of _____ Massachusetts

Jue Zhang

V.

Michael Goldinger, M.D. and
Shraga Goldberg, M.D.

SUMMONS IN A CIVIL ACTION

CASE NUMBER:

12735 PB

TO: (Name and address of Defendant)

Shraga Goldberg, M.D.
Beth Israel Deaconess Medical Center
Radiology Department
330 Brookline Avenue
Boston, MA 02215

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Barry D. Lang, Esq.
Barry D. Lang, M.D. & Associates
One State Street, Suite 1050
Boston, MA 02109

an answer to the complaint which is served on you with this summons, within _____ 20 _____ days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

TONY ANASTAS

DEC 30 2004

CLERK   DATE

(By) DEPUTY CLERK

Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

January 21, 2005

I hereby certify and return that on 1/12/2005 at 11:36AM I served a true and attested copy of the Summons and Complaint in this action in the following manner: To wit, by delivering in hand to N.Doolcie,agent in charge at time of service, for Shraga Goldberg, M.D., at Beth Israel Deaconess Medical Center, Radiology Department, 330 Brookline Avenue Boston, MA 02125. U.S. District Court Fee ($5.00), Basic Service Fee (IH) ($30.00), Travel ($1.00), Postage and Handling ($1.00), Attest/Copies ($5.00) Total Charges $42.00

Deputy Sheriff   Arthur Isberg

_____
Deputy Sheriff

RETURN OF SERVICE

	DATE
Service of the Summons and complaint was made by me[1]	

NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served:

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:

☐ Returned unexecuted:

☐ Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL $0.00

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____   _____
Date   Signature of Server

_____
Address of Server